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90 02/21/2007

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MICHAEL W. KRAWZSENEK	(Depositor's name)
Michael A. Monday 1	(Signature)
MAY 18, 2007	(Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/941,296 08/28/2001 Zheng Wu INRP:067USD1 6562

electronically

TITLE OF INVENTION: FORMULATION OF ADENOVIRUS FOR GENE THERAPY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/21/2007
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS			
ZEMAN, I	ROBERT A	1645	435-235100	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attormeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  INTROGEN THERAPEUTICS, INC.  HOUSTON, TEXAS  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual						
4a. The following fee(s) are submitted:  **X**Issue Fee  **X**Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  **X**In Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5.0 - 1.212 (enclose an extra copy of this form).						
a. Applicant claim	atus (from status indicate ns SMALL ENTITY statu nd Publication Fee (if req records of the United Sta	d above) is. See 37 CFR 1.27.		ger claiming SMALL ENT	TITY status. See 37 CFR	1.27(g)(2).
Authorized Signature	Michael	1. lund		DateMAY	18, 2007	

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51,898

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